



**STATE OF ARKANSAS  
DEPARTMENT OF INSURANCE**

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**APPLICATION TO TRANSFER TRUST FUNDS**

Pursuant to Act 156 of 1985, as amended by Act 852 of 1995, and the Rules issued pursuant thereto, the following information is submitted as an application to transfer funds from an existing trustee to a proposed new trustee:

1. The complete legal name and address of the Seller:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. The complete legal name and address of the Trustee holding the trust fund assets proposed to be transferred, including the name of the person to whom the Order Directing Transfer should be submitted:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Attached as Exhibit "A" is an accounting of all prepaid funeral benefits trust fund assets which will be transferred. This accounting must contain the name and description, date, account or certificate number, name and address of issuing organization, market value and balance for each trust fund asset, as well as the total amount of principal, undisbursed income, and surplus which will be transferred.
4. The complete name and address of the proposed new trustee receiving the trust fund assets proposed to be transferred, including the name of the person to whom the trust fund assets should be remitted:
5. Attachments to Form AID FI F9 as required by Arkansas Code Annotated 23-40-114(f):
  - a. A filing fee of \$250.00.
  - b. An executed Form AID FI F3 or an approved written trust agreement.

I do state that to the best of my knowledge and belief the above information is true and correct and I respectfully request that this application to transfer trust fund assets be approved.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
President/Owner

County \_\_\_\_\_  
State Arkansas

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public, personally appeared \_\_\_\_\_ who acknowledged himself to be an authorized representative of \_\_\_\_\_, Applicant, and that he is authorized to execute the foregoing instrument for the purpose therein contained by signing the name of the permitted prepaid funeral benefits seller as its authorized representative.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expiration Date